Filed 11/03/2005 Page 1 of 7

collateral. This insurance may, but need not, protect your interests. The coverage that we purchase may not
it you make or any claim that is made against you in connection with the collateral. You may later cancel any
sed by us, but only after providing us with evidence that you have obtained insurance as required by our
purchase insurance for the collateral, you will be responsible for the costs of that insurance, including interest
narges we may impose in connection with the placement of the insurance, until the effective date of the
xpiration of the insurance. The costs of the insurance may be added to your total outstanding balance or
osts of the insurance may be more than the cost of insurance you may be able to obtain on your own.
request credit life or disability insurance, you acknowledge disclosure of the cost of such insurance and
clude it in the balance payable under the note and security agreement.
that credit insurance is not required in connection with this loan and was not a factor in the approval of the
it, and that you may obtain such insurance, if you want it, from any person you choose. If you have chosen to
rance through Lender, then (a) your choice to obtain such credit insurance through Lender is indicated on a
d Federal Disclosure Statement, a copy of which has been given to you and (b) the cost of such credit ded within the Amount Financed and is shown on the Itemization of Amount Financed.
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AT PROVIDE, AMONG OTHER THINGS, THAT EITHER YOU OR LENDER MAY REQUIRE THAT CERTAIN LENDER BE SUBMITTED TO BINDING ARBITRATION. IF YOU OR LENDER BE LECTS TO USE ARBITRATION, HAVE WAVED YOUR AND LENDER'S RIGHT TO A TRIAL BY A JURY OR JUDGE, THE DISPUTE WILL BE NOT THE DESCRIPTION OF THE ARBITRATOR WILL BE FINAL, ARBITRATION WILL BE CONDUCTED PURSUANT AL ARBITRATION FORUM.
1 a completely filled in copy of this Agreement and the Federal Disclosure Statement on a separate
AT YOU THOROUGHLY READ THE CONTRACT BEFORE YOU SIGN IT.
$-\Omega_{1}$ $-\Lambda_{2}$ Ω_{1}
Signature of Principal Borrower
Signature of Other Borrower
Signature of Other Borrower Page 1 of 3
Signature of Other Borrower
Signature of Other Borrower Page 1 of 3
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Signature of Other Borrower Page 1 of 3
Signature of Other Borrower Page 1 of 3

FEDERAL DISCLOSURE STATEMENT

AMERICAN | GENERAL | FINANCE

RESS			LIC	ENSE	D OFFICE: (LENDER)	Aí	nerican C	orani Fire	nce, Ind		
						RAL FINANCE,	INC		Oaks Wit	<u>53</u>		
					ASTERN I			2723		rate		
			MO	NTGO	MERY, AI	L 36117-1594	, м	ontgomen				
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Other D		510	\neg			I -:						
Due on	ayments Same	Final Paym Due Date			int of First ment	Amount of Balloon		nount of fonthly	Total Numbe	Term of Loan in		
Date of				•		Payment		ayment	of Payments	Months		
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	credit w	ill cost you			to you or o	on your behalf		e made ali p	ayments as so	heduled		
%	\$	506.31			\$	1665.82	\$	2172.	13			
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			_					Se	cond Named	Borrower		
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will be m	ade. You	u may also	canc	el suc	h policy aft	ter 30 days, howe	ever, y	ou will only	be entitled to	a refund		
ertvinsı	rance or	nersonal r	EM I	T INS	OHANCE	DISCLOSURE loan other than h			V			
or provid	de it throu	igh an exist	ina c	olicy v	vith loss na	iyable to us.	iouser	noia gooas.	You may ob	tain such		
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m anyoi	ne you w	ant. You s	houl	d con	sider any h	omeowner's or o	ther i	nsurance w	hich vou ma	v already		
insuranc	e with th	is loan. If y	q uov	urcha	se property	insurance through	ah us	which cove	rs the collate	ral which		
notor ver	nicle, you	will have 3	30 da	ays fro	m the date	of purchase to	cance	the insura	nce and rece	eive a full		
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		/	1		First	Named Borrower			/ D	até		

Borrower Name:			
JOE T SMITH			
Borrower Address (Street, City, State, Zip) PO BOX 402 UNION SPRINGS, AL 36089	ate, Zip) PO BOX 402 UNION SP	RINGS,	AL 36089
Branch Number: 1715	Loan Number: 7511142 Date: 11/23/01	Date:	11/23/01

PART OF MY LOAN. I FULLY UNDERSTAND THAT I DO NOT HAVE TO PURCHASE ANY OF THE FOLLOWING I WANT TO PURCHASE THE INSURANCE NOTED BELOW AND HAVE THE INSURANCE PREMIUM FINANCED AS INSURANCE TO GET MY LOAN.

INSURANCE PRODUCT	INSURED(S)	PREMIUM	
Credit Life	JOE T SMITH	\$ 29.65	
· Credit Disability	JOE T SMITH	\$ 97.20	
Credit Personal Property		\$ NONE	
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I understand that if I later decide that I do not want any or all of the insurance, I can cancel coverage by returning the certificate/policy to the office where the loan was made and request a refund of any unearned premium.

Please read your policy/certificate for applicable benefits, restrictions and limitations.

INSURANCE SALESPERSON

CO-BORROWER:

BORROWER:

(Signature)

Insurance Salesperson must sign in the presence of the Borrower and must personally explain the insurance coverage to the Borrower.

TE AND SEC					y i	AMER	ICAN ENERAL	
IF DIFFEREN			SINS TO ACCRUE				INANCE	
SS	VI TITOWI DA		EE (LENDER)					
				AL FINANCE,	TNC	-		
			23 EASTERN B		INC.			
	1	MON	NTGOMERY, AL	36117-1594				
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ther Payments	Final Paym	ent	Amount of First	Amount of Balloon	Amoun	t of Monthly	Total Number	Term of
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nce Co. (Single Co			e Exam Fee/Title Insur			то		
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or Certificate of Ta	nt of Coverage le Fees	1. Atto	orney Fee	*NONE		то		
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n and all of the	ose who si	gned	this Note and Se	ecurity Agreement	("Agree	ement") as a	Borrower	If there is
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omise to pay the original Principal Amount of Loan (Amount Financed plus any Interest Surcharge, Prepaid omise to pay the original Principal Amount of Loan Amount in Institute plus any flushed Coloning Commission which includes Interest Surcharge, Points, Brokers Fee and Mortgage Recording Tax) together with interest lances at the Agreed Rate of Charge set forth. The total of the original Principal Amount of Loan and such it is to be repaid in monthly installments. The Finance Charge will be less if you make payments ahead of eater if you make payments later than scheduled. You may prepay this loan in full or in part at any time Partial prepayment will not defer or delay your obligation to pay remaining installments.

shall be due on the First Payment Due Date indicated and the following payments shall be due on the same eeding month to and including the Final Payment Due Date.

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more than 10 days late, you will pay 5% of the unpaid amount of the payment, but not less than \$10.00 and

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T YOU THOROUGHLY READ THE CONTRACT BEFORE YOU SIGN IT.

FEDERAL DISCLOSURE STATEMENT

AMERICAN | GENERAL | FINANCE

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			AMERICAN GENERAL FINANCE, INC. 2723 EASTERN BYP								
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I request credit life or disability insurance, you acknowledge disclosure of the cost of such insurance and in the balance payable under the note and security agreement.

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I multiple pages that include important information about your loan.

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eceipt of a completely filled in copy of this Agreement and the Federal Disclosure Statement on a separate

Document 2	Оссоинт Nu)3/20	005 _F	DERRIA	Be Lo	SURE STA	TEMENT	Ам		
	BORROWER(S) NAME AND ADD	RESS			LICEN	ISED OFFICE:	(LENDER)			
							AMERICAN GENERAL FINANCE, INC.				
	JOE T SMITH						OAKS VIL	LAGE			
	25350 HWY 80 EAST UNION SPRINGS, AL 36089						MONTGOMERY, AL 36117-1594				
	ONION OF IC	INGS, AL 30	009								
	Date of Loan	First Payment Due Date	Due on		Final Payme Due Date	ent Ar	mount of First Payment	Amount of Balloon	Amount of Monthly		
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	-	, parariade					You want pro	perty insurance			

You want property insurance

See the contract documents for any additional information about non-payment, default, any required repayment in the date, and prepayment refunds and penalties if any.

You have received a copy of this Federal Disclosure Sta

You have received a copy of this Federal Disclosure Sta

Second Named Borrower (if Applicable)

001-00002 (9-4-00) ALB171 ALABAMA INTEREST BEARING MINI-CODE AND USURY